

PTO/BB/29 (10-00)

Approved for use through 10/31/2002. OMB 0851-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
TOTAL CLAIMS (37 CFR 1.102(a) or (b))		14-20 ^a =	0	= \$12 ^a	\$ 0.00
INDEPENDENT CLAIMS (37 CFR 1.103(b) or (c))		4-3 ^a =	1	= \$84 ^a	\$4.00
MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.104(d))				= \$ _____ ^a	
				BASIC FEE (37 CFR 1.10)	740.00
				Total of above Calculations =	\$24.00
				Reduction by 80% for filing by small entity (Note 37 CFR 1.27) * Release claims in excess of 20 and over original patent. ** Release independent claims over original patent.	0.00
				TOTAL =	\$24.00

6. ☐ Small entity status: Applicant claims small entity status. See 37 CFR 1.27.
7. The Commissioner is hereby authorized to credit overpayments or charge any deficiency in the following fees to Deposit Account No. 20 - 1459 :
- a. ☒ Fee required under 37 CFR 1.16.
- b. ☒ Fee required under 37 CFR 1.17.
- c. ☐ Fee required under 37 CFR 1.18.
8. ☒ A check in the amount of \$ 824.00 is enclosed.
9. ☐ Payment by credit card. Form PTO-2035 is attached.
10. ☐ Applicant requests suspension of action under 37 CFR 1.103(b) (fee under 37 CFR 1.17(i) enclosed).
11. ☒ New Attorney Docket Number, if desired 3622,218 (97-1080)
(Prior application Attorney Docket Number will carryover to this CPA unless a new Attorney Docket Number has been provided herein.)
12. a. ☐ Receipt For Facsimile Transmitted CPA (PTO/BB/29A)
- b. ☒ Return Receipt Postcard (Should be specifically itemized, See MPEP 503)
13. ☐ Other: _____

14. NEW CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label [REDACTED] or ☐ New correspondence address below

Name: [REDACTED]

Address: [REDACTED]

City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]

Country: [REDACTED] Telephone: [REDACTED] Fax: [REDACTED]

13. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Name (Print/Type)	Devin R. Jensen
Signature	<i>Devin R. Jensen</i>
Registration No. (Attorney/Agent)	44,805
Date	March 14, 2002

(Page 2 of 2)

BEST AVAILABLE COPY